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APPLICANTS
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**** CONTINUING DATA ******* *NONE*

**** FOREIGN APPLICATIONS ******* *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 6	TOTAL CLAIMS <i>25</i> 9	INDEPENDENT CLAIMS <i>2</i> 1
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance *AA*

Verified and Acknowledged
 Examiner's Signature _____ Initials *AA*

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AA 6/11/06 *AA* 6/11/06

TITLE
 Encapsulated electronic senson package

FILING FEE RECEIVED 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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